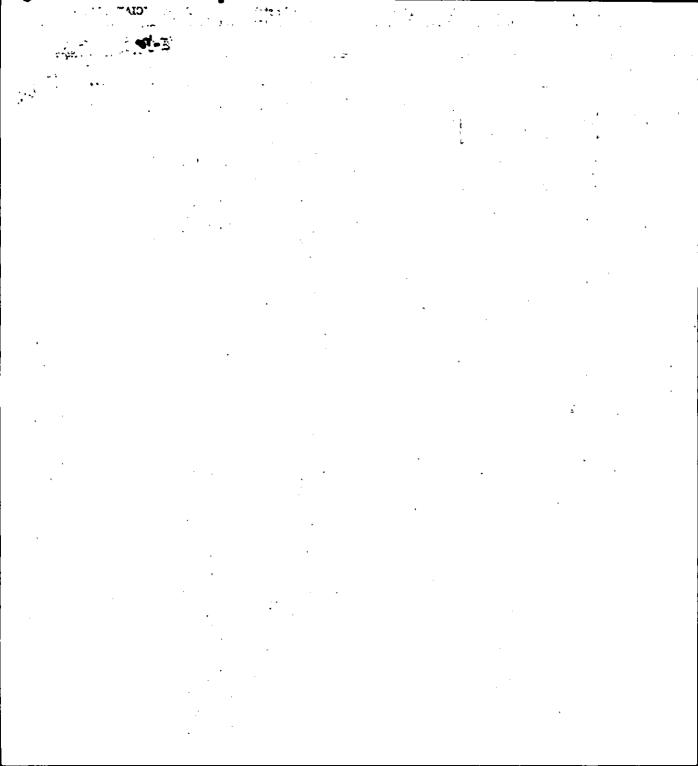
MISSOURI STATE BOARD OF HEALTH Do not use this space. statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No Primary Registration District No. 5404 Registered No..... (a) Residence, No. (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred How long in U. S. if of foreign birth? de mag mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) That I attended deceased from **HUSBAND OF** (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at The principal cause of death and related causes of importance were as follows: 7. AGE YFARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as spinner, ATION supplied sawyer, bookkeeper, etc 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and year) occupation..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Name of operation 14. BIRTHPLACE (CITY OR TOWN) What test confirmed diagnosis Was there an autopsy?..... B.—Every item of information USE OF DEATH in plain term (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Where did injury occur?..... 16, BIRTHPLACE (CITY OR TOWN) (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury...... 18. BURIAL, CREMATION, OR REMOVAL Nature of injury...../.. 24. Was disease or injury If so, specify..... 19. UNDERTAKER (ADDRESS) (Signed).



MISSOURI STATE BOARD OF HEALTH ALL INFORMATION CALLED Š OCCUPATION is very important. BUREAU OF VITAL STATISTICS FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY. CERTIFICATE OF DEATH 숨 1. PLACE OF BEATH Registration District No. 286 File No.,... PHYSICIANS Primary Registration District No. 5 HOH Registered No..... 2. FULL NAME... (a) Residence, No...... (Usual place of abode) (If nonresident, give city or town and State) COMPLETED Length of residence in city or town where death occurred How long in U.S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH EXA(3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) ARG I HEREBY CERTIFY, That I attended deceased from 5a. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** (OR) WIFE OF Ē to have occurred on the di 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNTIL so that it may be properly classified. 7. AGE If LESS than 1 YEARS MONTHS DAYS day,brs. ormin. CERTIFICATES 8. Trade, profession, or particular kind of work done, as spinner, OCCUPATION sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and occupation. vear) 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) FATHER 13. NAME y item of information sh DEATH in plain terms, What test confirmed diagnosis?..... Was there an autopsy?...... 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 28. If death was due to external causes (violence), fill in also the following: MOTHER 15. MAIDEN NAME 201 Where did injury occur?.... 16. BIRTHPLACE (CITY OR TOWN). (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. SHALL 17. INFORMANT..... (ADDRESS) Manner of injury 18. BURIAL, CREMATION, OR REMOVAL N. B.—Every CAUSE OF I Nature of injury.... REGISTRARS 24. Was disease or injury in any way related to occupation of deceased?..... 19. UNDERTAKER... (ADDRESS) 20. FILED. Registrar.

5-29247